

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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<b>Applicant(s):</b>	Yougandh Chitre	<b>Confirmation No.:</b>	5083
<b>Serial No.:</b>	10/773,136	<b>Examiner:</b>	Kennedy Schaetzle
<b>Filed:</b>	02/04/2004	<b>Art Unit:</b>	3766
<b>Docket No.:</b>	A04P1013		
<b>For:</b>	HIGH STRENGTH, LOW RESISTIVITY ELECTRODE		

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**TRANSMITTAL LETTER, FEE AND CERTIFICATE OF TRANSMISSION**

Mail Stop **AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- Amendment and Request for Reconsideration  
 Transmittal Letter, Fee and Cert. of Transmission

I hereby certify that this correspondence is being  
filed electronically on:

May 3, 2007



Estella Pineiro

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	4	20	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	1	3	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.)  Specify:					0
F	<b>TOTAL ADDITIONAL FEE**</b> (ADD TOTALS FOR LINES A,B,C,D, and E)					\$0**

Charge Deposit Account No. **16-0068**      **\$0\*\***      A copy of this letter is enclosed.

the amount of

- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068
- Any additional filing fees required under 37 CFR 1.16.
- Any patent application processing fees under 37 CFR 1.17.
- The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068
- Any patent application processing fees under 37 CFR 1.17.
- Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: \_\_\_\_\_

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**CUSTOMER NUMBER: 36802**